

United States District Court  
For the District of Delaware

Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 07cv335SLR

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>Dina Ancajima</u></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><u>DINA ANCAJIMA</u> <u>7/17/07</u></p>
<p>1. Article Addressed to:</p> <p><u>Cruisenet Exp.</u></p> <p><u>Attn: David H. Glasco, Reg. Agent</u></p> <p><u>13605 SW 73rd Ave.</u></p> <p><u>Miami, FL 33126</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>(Transfer from service label)</p>	